State of California—Health and Welfare Agenc Please print or type. (Form designed for use on e	I Very Warred of I I				Substand	t of Health Service ces Control Division cramento, Californ
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	Manifest Document No.	2. Page			ne shaded areas ed by Federal
3. Generator's Name and Mailing Address Douglas Aircraft Company 190th St & Normandie Ave 4. Generator's Phone (213) 533-6	. Torrance, CA 90502		A. State	Manifest Docu 62342 Generator's ID	ment Nu 41	mber
5. Transporter 1 Company Name 6. US EPA ID Number				Transporter's I		8708
7. Transporter 2 Company Name					813 3	34-5117
9. Designated Facility Name and Site Addres Oil & Solvent Process Co 1704 W.1sf St. Azusa, CA 91720			C H. Facili	Facility's ID A T) () () 8 Ity's Phone R 334-51		2903
11. US DOT Description (Including Proper Ship		12. Cont No.		13. Total Quantity	14. Unit Wt/Vol	l. Waste No.
a. Waste 111 Trichlorothane ORM-A UN2831		01011	TLT	7090	P	211
A D.				1111		
d.				<u> </u>		
				1111		
J. Additional Descriptions for Materials Liste Waste trichlorothane Water	ed Above 95% 5%		K. Handl	Ing Codes for V	Vastes L	isted Above
15. Special Handling Instructions and Addition Use gloves, goggles, res	Guide # 55 pirator. 36 09631	Do:	T E	747L¢		
according to applicable international and Unless I am a small quantity generator under Section 3002(b) of BCRA. I also c	packed, marked, and labeled, and are in all re- national government regulations. who has been exempted by statute or reg- errify that I have a program in place to red- cticable and I have selected the method of	spects in proper ulation from the luce the volume	duty to r	for transport b make a waste i city of waste g	y highwa minimiza enerated y availat	tion certification to the degree I
Donald C Gerber T 17. Transporter 1 Acknowledgement of Rece	Let of Materials	$aM\Lambda$	$\Delta _{\mathbb{R}}$	W-y	<u> </u>	1110384
Printed/Typed Name	Signature	wiel:		e le	^ <u> </u>	Month Day Yea
18. Transporter 2 Acknowledgement of Rece	Signature Signature				٨	Nonth Day Yea
19. Discrepancy Indication Space	1 %				1	
20. Facility Owner or Operator: Certification Printed/Typed Name	Signature	by this manifest		0.00		Month Day Yea / / ひ ろ で